

## DMV Lane Technician Observation Report

DMV Technician: <u>DAVE TAULBER</u>		Position: <u>For 2</u>	
Station: <u>GT</u>	Date: <u>10-22-14</u>	Time: <u>1:36</u>	
Vehicle Make: <u>Honda</u>	Model: <u>Accord</u>	Year: <u>2009</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>VN101969</u>	
Auditor: <u>Dossert</u>		Covert / <u>Overt</u> (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?		<input checked="" type="checkbox"/>	
d) Was Emissions testing performed using Clip?		<input checked="" type="checkbox"/>	
3. Was <b>Catalytic Converter</b> inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)		<input checked="" type="checkbox"/>	
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Curb Idle testing performed?	<input checked="" type="checkbox"/>		
<b>Comment:</b>			
Lane Supervisor Signature: _____			

Revised 04/12/2013

## DMV Lane Technician Observation Report

DMV Technician: <u>Jeff Hartzog</u>		Position: <u>Dor 2</u>	
Station: <u>Cot</u>	Date: <u>10-22-14</u>	Time: <u>1:31</u>	
Vehicle Make: <u>Chevy</u>	Model: <u>Lumina</u>	Year: <u>1997</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>347065</u>	
Auditor: <u>D. WERT</u>	Covert / Overt (circle one)		

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was Emissions testing required?	✓		
a) Was Emissions testing performed using OBD?		✓	
b) Was Emissions testing performed using Analyzer Probe?	✓		
c) Was Emissions testing performed using Paddle(s)?		✓	
d) Was Emissions testing performed using Clip?		✓	
3. Was Catalytic Converter inspection required?		✓	
a) Was Catalytic Converter inspection performed?			✓
4. Was Fuel Tank pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was Fuel Cap pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a Re-check from a prior failure?	✓		
a) Which re-check test is being performed? 1 2 <u>3</u> (circle one)	✓		
b) If this is re-check #3, was repair paperwork verified for waiver?		✓	
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			✓
<b>Sussex County Only</b>			
8. Was Curb Idle testing required?	✓		
a) Was Curb Idle testing performed?	✓		
<b>Comment:</b>			
<u>No Repair Paperwork.</u>			
Lane Supervisor Signature:			

Revised 04/12/2013



## DMV Lane Technician Observation Report

DMV Technician: <u>Kerrn Tabor</u>		Position: <u>1</u> or 2	
Station: <u>GT</u>	Date: <u>10-22-14</u>	Time: <u>1:22</u>	
Vehicle Make: <u>Juice</u>	Model: <u>WRANGLER</u>	Year: <u>1993</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>918264</u>	
Auditor: <u>Dossert</u>	Covert <input checked="" type="checkbox"/> <del>Overt</del> (circle one)		
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?		<input checked="" type="checkbox"/>	
d) Was Emissions testing performed using Clip?		<input checked="" type="checkbox"/>	
3. Was <b>Catalytic Converter</b> inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Curb Idle testing performed?	<input checked="" type="checkbox"/>		
<b>Comment:</b>			
Lane Supervisor Signature: _____			

Revised 04/12/2013

## DMV Lane Technician Observation Report

DMV Technician: <u>Ron Gussman</u>		Position: <u>1</u> or 2	
Station: <u>GS</u>	Date: <u>10-22-14</u>	Time: <u>1:45</u>	
Vehicle Make: <u>Vaux</u>	Model: <u>S80</u>	Year: <u>2000</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>4545</u>	
Auditor: <u>Dorset</u>		Covert / <u>Overt</u> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was Emissions testing required?	✓		
a) Was Emissions testing performed using OBD?		✓	
b) Was Emissions testing performed using Analyzer Probe?	✓		
c) Was Emissions testing performed using Paddle(s)?		✓	
d) Was Emissions testing performed using Clip?		✓	
3. Was Catalytic Converter inspection required?	ⓧ	✓	
a) Was Catalytic Converter inspection performed?		✓	✓
4. Was Fuel Tank pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was Fuel Cap pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a Re-check from a prior failure?		✓	
a) Which re-check test is being performed? 1 2 3 (circle one)			✓
b) If this is re-check #3, was repair paperwork verified for waiver?			✓
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			✓
<b>Sussex County Only</b>			
8. Was Curb Idle testing required?	✓		
a) Was Curb Idle testing performed?	✓		
<b>Comment:</b>			
Lane Supervisor Signature: _____			



## DMV Lane Technician Observation Report

DMV Technician: <u>Carmelo Rodriguez</u>		Position: <u>Cor 2</u>	
Station: <u>Gr</u>	Date: <u>10-22-14</u>	Time: <u>1:39</u>	
Vehicle Make: <u>Chevy</u>	Model: <u>TB</u>	Year: _____	
GVWR: _____	Fuel Type: <u>G</u>	Registration Number: <u>9142</u>	
Auditor: <u>Dossert</u>		Covert / Overt (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?		<input checked="" type="checkbox"/>	
d) Was Emissions testing performed using Clip?		<input checked="" type="checkbox"/>	
3. Was <b>Catalytic Converter</b> inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Curb Idle testing performed?	<input checked="" type="checkbox"/>		
<b>Comment:</b>			
Lane Supervisor Signature: _____			

Revised 04/12/2013